

ATTACHMENT 1.2C

Staffing of the Title XIX operation is contained in the Idaho Department of Health and Welfare. The Bureau of Medical Assistance which is part of the Division of Welfare is composed of two sections: the Medicaid Policy Section and the Systems/Operations Section. The latter section is responsible for claims processing and third party liability functions. The Division of Health, Bureau of Vital Statistics, Standards, and Local Health Services is responsible for licensure and certification surveys and Inspection of Care.

A. Division of Welfare/Bureau of Medical Assistance,
Medicaid Policy Section

1. Title XIX Management and Supervision

The Title XIX program is managed by the Chief, Bureau of Medical Assistance. The Policy Section Supervisor supervises all medical and professional policy staff and reports to the Bureau Chief. Responsibilities include:

- (a) providing general direction to the Medical Assistance Program;
- (b) planning the scope, content, and priorities of the Medical Assistance Program within the present and anticipated available financial resources;
- (c) participating in the development of methods for providing effective personal health and related services and maintains liaison with the providers of services, including the establishment of reasonable costs of medical supplies and services;
- (d) with the assistance of the agency medical care advisory committee, developing and maintaining standards pertaining to the quality of health and medical care and medical eligibility factors, including the fair hearing processes relating to medical care;
- (e) acting as a Medicaid liaison to other State agencies and other sections of the Department;
- (f) Representing the Title XIX unit in community or governmental activities, organizations, agencies, etc.;
- (g) Developing and maintaining workable relationships with the provider community;

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- (h) developing plan material for submission to the Federal agency for approval and its implementation; and
- (i) providing consultation, interpretation, and assistance to Regional Services Managers and supervisors in the discharge of State and Regional functions and responsibilities.

2. Surveillance and Utilization Review

The major function is development and maintenance of ongoing evaluation of medical service utilization patterns of providers and recipients. Staff includes S/URs Analysts, who are responsible for the following:

- (a) Develops and implements policy and procedures for monitoring utilization patterns, case review, case resolution, establishes priorities, and establishes new procedures to facilitate review.
- (b) Reviews, and evaluates data and designs systems revisions.
- (c) Examines utilization patterns of providers and recipients and makes recommendations for corrective action.
- (d) Identifies potential providers and recipients who are abusing the program, conducts reviews, develops the cases, confers with professionals on appropriateness, and issues case reports.
- (e) Makes recipient Lock-In program recommendations.
- (f) Conducts presentations to educate providers on S/UR functions.
- (g) Does abuse reports for Federal government.
- (h) Coordinates recoupments on abuse cases.

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3. Pharmacy Services

The major function is the development of policy, rules and regulations as they pertain to the drug program. Staff consists of a contract pharmacist, a clerical specialist, and the Medicaid Policy Section Supervisor. Functions include:

- (a) Development of policy relating to the amount and scope of services.
- (b) Establishment and maintenance of dispensing fees.
- (c) Input and maintenance of State Plan.
- (d) Providing a liaison with the provider community.
- (e) Correction of provider errors.
- (f) Coordination of S/URs information with drug program management objectives.
- (g) Development and maintenance of a price file for medical supplies.
- (h) Reviewing of contracts.
- (i) Development of budget projections, interpretation of MMIS reports, analyzing and compiling statistical information.
- (j) Providing professional testimony to peer review groups, hearings and legislators.
- (k) Insuring currency and accuracy of the drug cost of goods and pricing file.

4. Alternative Care State Coordination

The major function is to develop, maintain, monitor, and evaluate the alternative care program including, but not limited to, home health, rural health, personal care program, certain disabled children, nurse practitioner, and home and community-based waiver programs. Provides technical support to the Division of Health's Licensure and Certification and Inspection of Care program. This position:

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- (a) Develops program rules and procedures, in conjunction with the Division of Health for the Inspection of Care Program.
- (b) Completes Federal reports.
- (c) Supervises issuance and maintenance of long term care facilities provider agreements.
- (d) Provides education to the advisory committee, legislature, and individual and provider groups.
- (e) Develops Medicaid rules.
- (f) Makes sure that all certified health facilities have been properly certified and make certain that all health facilities from whom the Department purchases skilled and intermediate care have a valid provider agreement.
- (g) Develops and monitors Home and Community-Based waiver program applications, policies and rules.

5. Reimbursement Specialists

The major function is to develop detailed schedules and rules for reimbursement of institutional providers, as well as program policy development, and interpretation. Staff includes reimbursement specialists with expertise in hospital and nursing home reimbursement as well as audit activities.

- (a) Analyzes financial reports.
- (b) Develops the Medicaid budget.
- (c) Develops policy and procedures material and writes legislation and rules.
- (d) Establishes and maintains effective provider relations.
- (e) Evaluates reimbursement for compliance with Federal and State Regulations.
- (f) Operates the State's reimbursement systems.
- (g) Provides technical assistance to the Office of Audit.

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6. Early Periodic Screening, Diagnostic and Treatment Program

The major function is to develop and implement EPSDT program rules and policy and monitor program implementation.

7. Medicaid Eligibility

The major function is development and maintenance of eligibility policy based on State and Federal Regulations. Welfare Eligibility Specialists in the Bureau of Income Maintenance are responsible for policy writing and updates. These specialists write policy for Medicaid, AFDC and food stamps.

8. Medical Consultant

The medical consultation section consists of several part-time medical consultants to the Bureau of Medical Assistance. Such part-time consultants provide consultation to the Title XIX unit upon request in the areas of general medical, dental, drug therapy, ophthalmology, otology and optometry.

9. Clerical

Secretaries and Technical Typists perform clerical functions for this section.

B Division of Welfare/Bureau of Medical Assistance, Systems/Operations Section

The Systems and Operations Section Supervisor, who reports directly to the Bureau Chief, is responsible for the following:

. Claims Section

- (a) Maintains a provider enrollment system to ensure that all providers are properly enrolled, are assigned provider numbers for payment process and IRS reporting, and are properly identified.
- (b) Processes all Medicaid claims in an accurate, timely, and efficient manner according to the rules and regulations established by the policy section for claims payment.

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- (c) Makes necessary manual checks, coding, and entries for computer processing.
- (d) Ensures that claims and related transactions are accurately entered into the system at the earliest possible time.
- (e) Verifies all computer rejects of claims as to whether manual correction can be implemented or claims should be returned to providers.
- (f) Brings to the attention of the appropriate section any claims that are potential frauds, questionable practices and defects as to the quality of services and the utilization of services by medical care providers.
- (g) Makes necessary claim adjustments as to scope, fee structures, third party resources, or other factors affecting payment and reimbursement.
- (h) Answers requests for information from providers involving the status of invoices, eligibility of recipients, scope of the Medical Assistance Program, and verification of provider eligibility.

2. Third Party Liability

Staff includes a TPL Supervisor and TPL Adjudicators. The functions and responsibilities are as follows:

- (a) Investigates claims for determination of potential Third Party Liability.
- (b) Develops and implements procedures for retention and retrieval of TPL.
- (c) Adjudicates claims which have TPL.

3. Clerical

Principle clerks and clerical specialists perform all the clerical functions for the Systems and Operations Section.

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C. Division of Health/Bureau of Preventive Medicine,
Standards, and Local Health Services

Staff includes Registered Nurses, Environmentalists, and life-safety staff persons. Contracts are held for Physician Services, Pharmacy Services, Dieticians, and Medical Records Services. The functions of the Bureau in relation to Title XIX are:

1. The Licensing and Certification Section of the Bureau of Preventive Medicine does surveys of provider facilities, certifies compliance with Federal Regulations, and makes recommendations to the Bureau of Medical Assistance regarding provider agreements.
2. Provides for the operation of the Inspection of Care Program. Program reports are provided to the Bureau of Medical Assistance for program action.

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